WISCONSIN STATE SENATE
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To: Members, Senate Committee on Health, Utilities and Veterans and Military Affairs

From: Senator Rod Moen, Chair

Re: Annual Statewide Immunization Report

Date: July 13, 2000

Attached please find the Annual Statewide Immunization Program Report from the Department of Health and Family Services. I thought you might be interested in a copy of it.

If you have any questions or concerns, please let me know.

State of Wisconsin
Department of Health and Family Services

Tommy G. Thompson, Governor
Joe Leean, Secretary

June 26, 2000

Mr. Donald J. Schneider
Senate Chief Clerk
Room 501, 119 Martin Luther King Jr. Blvd.
Madison, WI 53703

Dear Mr. Schneider:

As requires by s 242.04(11), Wis Stats., enclosed is the Annual Statewide Immunization Program Report. Please distribute this report to the appropriate standing committees.

Sincerely,

Joe Leean
Secretary

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Annual Statewide Immunization Program Report
State Fiscal Year 2000

A. Vaccine Distribution:

Total doses of vaccines, by type, distributed to all public and private providers, State Fiscal Years 1999 and 2000

Vaccines	Doses Distributed		Percent Change
	SFY 1999	SFY 2000	
MMR (Measles, Mumps, Rubella)	63,320	61,390	-3.0%
DTaP (Diphtheria/Tetanus/acellular Pertussis)	115,850	111,150	-4.0%
DT (Diphtheria/Tetanus) Ages 2 months to 7 years	4,270	3,200	-25.0%
Td (Tetanus/diphtheria) Ages ≥7yrs	55,980	51,840	-7.3%
Hib (Haemophilus influenzae b)	80,925	89,675	+10%
IPV (Inactivated Polio Vaccine)	35,600	68,871	+93.4%
OPV (Oral Polio Vaccine)	68,560	21,520	-68.6%
Hep B (Hepatitis B)	315,107	229,247	-27%
Varicella (Chickenpox)	26,220	29,230	+11.4%
Totals	765,832	666,123	-13.0%

Listed above are the total doses of vaccines distributed by the Wisconsin Immunization Program to all public providers (health departments, community health centers, tribal health clinics) and private providers enrolled in the Vaccines For Children (VFC) program. The SFY 1999 column represent data from 7/1/98-6/7/99 and the SFY 2000 column represents data from 7/1/99-6/7/00.

Total doses of all vaccines, by type of provider, distributed during SFYs 1999 and 2000.

Provider	SFY 1999	SFY 2000	Percent Change
Private	240,781	223,567	-7.0 %
Public	525,051	442,556	-15.7%
Total	765,832	666,123	-13.0%

The overall trend of vaccines distributed by the Wisconsin Immunization Program to public and private providers in SFY 2000 compared to SFY 1999 is down. This is due in part to the declining birth rate, increased employment which has improved health insurance coverage and fewer doses of Hepatitis B distributed because of completion of vaccine series in advance of the year is required in school. The quantity of individual vaccines distributed by the Wisconsin Immunization Program has fluctuated for a variety of reasons listed below:

1. OPV and IPV: The decrease in Oral Polio Vaccine (OPV) and the increase in Inactivated Polio Vaccine (IPV) distributed is the result of a new recommendation made by the Centers for Disease Control and Prevention Advisory Council on Immunization Practices (ACIP). As of January 1, 2000, ACIP recommends the exclusive use of IPV for all routine childhood polio vaccination in the United States. This recommendation was made to eliminate the rare adverse event associated with OPV called Vaccine Associated Paralytic Poliomyelitis (i.e., one case among 2.4 million vaccine doses distributed). This event is not associated with IPV.

2. Hib: The increase in Hib is attributed to the use of Comvax®, a combined Hib-Hepatitis B vaccine recommended for pediatric use and made available in October 1999. This is a popular vaccine among parent and providers because it reduces the number of needle sticks from two to one.

3. Varicella: The increase in Varicella vaccine distribution is the result of expanded awareness and acceptance by providers and parents of this relatively new vaccine. In addition, interest in this vaccine has been stimulated by discussions with health care providers and school nurses about a proposed administrative rule change to require varicella prior to school entrance. A third reason is the addition of this vaccine to HEDIS measurements by HMOs.

4. Hepatitis B: When Hepatitis B vaccine was first required in kindergarten and 7th grade during the 1997-98 school year, many public health departments offered the

vaccine to all children in families, not just the sibling for which it was required. In doing so, many students voluntarily received the vaccine before they were required to receive it. This explains the drop in distribution in this year.

5. DT: The reduction in DT distribution, although high in percent, is relatively small in number. The decrease is believed to be the result of fewer parents requesting the vaccine as a substitute for the old whole cell DTP vaccine and are now accepting the safer acellular DTaP vaccine that replaced DTP vaccine. This means that the drop in number of doses of DTaP in SFY 2000 is less than is would have been if parent continued to choose DT vaccine.

6. MMR and DTaP: Compared to SFY 1999, the numbers of doses of MMR and DTaP vaccines distributed in SFY 2000 have remained relatively constant. The slight drop is believed to be due to the declining birth rate.

7.Td: It is unclear why the distribution of Td vaccine (recommended for children ages greater than 6 year of age) has decreased. Efforts will be made to inquire with local health departments to ascertain the answer.

B. Disease Morbidity (Calendar Year 1999)

1. Pertussis: A total of 116 cases of pertussis were reported. Most were sporadic and many were among persons beyond the age that pertussis vaccine is recommended ($\geq$ 7 years). For comparison purposes, there were 200 reported cases last year.

2. Hepatitis B: Information on hepatitis B cases is not available at this time.

3. Other Vaccine-Preventable Diseases: Three cases of Hib invasive disease, three cases of mumps and one case of tetanus were reported. No cases of polio, rubella, diphtheria or measles were reported. Of note, this is only the second year of recorded disease history that Wisconsin has gone a full year with out a reported case of measles.

C. Assessments

1. Kindergarten through grade 12

Attached is the table entitled "Wisconsin Student Immunization Law Results" which demonstrates assessment results in grades kindergarten through grade12 from 1987 through 2000. The upward trend in "personal conviction waivers"

over the past several years may be due in part to the absence of disease and the increased concerns about vaccine safety prompted by information in the media and on the internet. However, for the period from 1997 to 2000, a more likely reason is the lack of parental initiative brought on by the addition of the hepatitis B vaccine requirement. The downward trend of "in process" students is due to the growing awareness of the hepatitis B requirement over the past 3 years and the completion of the series before the students enter the grade for which it is required.

2. Two through 4 year old children enrolled in licensed day care centers.

   In December 1999, all licensed day care centers were assessed via a mail out scan form survey. A similar survey will be performed in 2000. The survey yielded the following results of children 2 through 4 years of age:

	Day Care	Head Start
No immunization record	1.5%	2.6%
Waiver (any type)	0.5%	1.1%
Polio (3+doses)	86.2%	86.6%
DTaP (3+ doses)	88.0%	83.9%
MMR (1 dose)	86.5 %	89.0%
Hib (1 dose after 1 Birth day)	82.4%	83.4%
Composite of above vaccines	83.5%	85.5%

   These data represent number of doses of vaccines established by CDC as a common standard so that all day care data from all states can be compared.

3. Two Year Old Children

   The CDC's National Immunization Survey (NIS) is a random digit telephone sample survey that assesses immunization levels of children two years of age (determined as age 19 months through 35 months) throughout the United States. Data obtained from parents are later verified with the health care provider. The calendar year 1999 NIS data demonstrates that in Wisconsin 81.5 % of children two years of age have received 4 DTP, 3 Polio, 1 MMR and 3 Hib and were defined as series complete. This is up from 77.7% during the previous year's survey. The national average is 78.8%. The national and Wisconsin goal is to attain at least a 90% immunization level.

D. Program Components

   The Wisconsin Immunization Program provides many services and partners with a variety of organizations to attain and maintain high immunization levels and reduce or eliminate vaccine preventable diseases. The services include:

1. Provide up to date technical information to local health departments, schools, FQHCs, tribal clinics and private providers including program guidance, immunization recommendations, standardized record card usage, policies and procedures, Important Information Statements, and program publicity.

2. Monitor the enforcement of the Student Immunization Law in schools and day care centers and assess immunization levels in schools, day care centers and head start programs.

3. Establish linkage with the WIC program to assure that children served are assessed and referred for needed immunizations.

4. Assess immunization levels in public health clinics, tribal clinics, FQHCs and in select private health clinics using the CDC designed WINCASA software.

5. Conduct statewide surveillance on the incidence of vaccine preventable diseases and adverse events following immunizations.

6. Respond to vaccine preventable disease outbreaks by assisting the local health departments with the investigation and appropriate control measures.

7. Establish the statewide Wisconsin Immunization Registry.

8. Assure that all pregnant women are screened for hepatitis B antigen, that their infants receive appropriate and timely post–exposure prophylaxis and immunization and that their susceptible household contacts receive hepatitis B vaccine.

The partnerships include:

1. The Department of Public Instruction to support and assist the program in enforcing the Student Immunization Law.

2. The Division of Children and Family Services to support in the enforcement of the day care portion of the Student Immunization Law.

3. The WIC Program (BPH) to assists in coordinating program activities to include immunization assessment and referrals.

4. The local health departments, school nurses, tribal clinics and FQHC to provide quality immunization services

5. The Bureau of Information Systems to assist in the ongoing maintenance of

the Immunization Registry.

6. The Division of Health Care Financing to jointly oversee the Vaccines for Children program with the Division of Public Health.

7. The Division of Public Health, Regional Office Immunization Program Advisors, located in each region, to conduct the field activities for the Immunization Program.

8. The Department sponsored Wisconsin Council on Immunization Practices (WCIP) to support and guide health care providers in the enhancement of statewide immunization efforts. Its goal it to ensure all Wisconsin citizens, primarily preschool age children, receive recommended age appropriate immunization at levels meeting state and national objectives. Members include representatives from the following organizations: American Academy of Pediatrics, Milwaukee Health Department, Association of Wisconsin HMOs, State Medical Society, Milwaukee County Medical Society, Wausau Insurance, American Academy of Family Physicians Wisconsin Division of Public Health, Marshfield Clinic, Medical College of Wisconsin, Wisconsin Association of Local Health Department and Boards, Wisconsin Primary Health Care Association, Wisconsin Association of School Nurses, Rural Wisconsin Health Cooperative and Wisconsin Nurses Association.

E. Wisconsin Immunization Registry (WIR)

Over the past 4 years the Wisconsin Immunization Program, within the Division of Public Health, has worked to develop a statewide immunization registry. The Wisconsin Immunization Registry will assist public and private providers in keeping children on schedule for recommended immunizations. Immunizations are obtained from private physicians, public health clinics, hospitals and a variety of other health care providers. Approximately 40% of children in Wisconsin receive their preschool immunizations from two or more different providers. The registry will:

1. centralize record keeping for providers;

2. monitor immunization levels and trends in the population;

3. assist providers in determining which immunizations are needed and when, even if the child receives immunizations from multiple providers;

4. issue reminders to parents when immunizations are due and recall notices if a child falls behind schedule; and

5. provide parents access to their child's immunization records through the Internet.

Public and private providers will be offered, at no charge, immunization data management systems for their offices that will be capable of linking with the registry. The WIR will link with existing immunization registries in the state, with other appropriate state agencies and their programs, and with managed care and other providers of health insurance programs. Security systems will be in place to prevent unauthorized access or manipulation of the information.

Local health departments and private healthcare providers will have direct access to the central registry via the Internet (WIR-WEB). In addition to direct access, software is also being developed to provide stand-alone provider immunization systems that will be interfaced to and synchronized with the WIR Central Registry. A standard interface for existing provider immunization registries, such as AS-400 systems will be developed using the Health Level 7 (HL7) Standard for computer exchange of immunization data.

Pilot testing of the WIR-WEB began in October 1999. Many suggestions made by the pilot sites have been incorporated into WIR and have contributed to the efficiency of the system. Currently 47 local health departments, 7 private provider sites and 3 federally qualified community health centers and tribal health centers are using WIR-WEB. There are over 830,000 individual patients and over 3,213,000 dates for immunizations in the system.

Statewide implementation of the WIR-Web will begin in July 2000. Public and private providers will be invited to attend demonstrations of the system that will be held at various locations throughout the state. Those wishing to use the system will register for training sessions that will also be held throughout the state. Help desk support will be available to all users. The system as well as the ongoing support will be available to providers at no cost as a means to encourage their participation. Phase two of the implementation process will include linkages to schools, managed care and other health insurance carriers and to other programs within the Department of Health and Family Services (DHFS).

Wisconsin Student Immunization Law Results

Grades Pre-Kindergarten--12

School Year

	87-88	88-89[1]	89-90	90-91[2]	91-92	92-93	93-94	94-95	95-96	96-97	97-98[5]	98-99	99-00
Meet Minimum.	97.5%	95.8%	95.9%	94.6%	95.0%	94.6%	94.7%	94.6%	94.7%	96.3%	92.2%	92.4%	92.5%
In Process[3]	0.4%	0.5%	0.5%	1.9%	1.5%	1.8%	1.6%	1.6%	1.7%	0.8%	4.1%	2.4%	1.9%
Behind Schedule[4]	0.4%	1.7%	1.5%	1.5%	1.4%	1.5%	1.5%	1.6%	1.4%	0.8%	1.3%	2.6%	2.7%
No Record	0.8%	1.0%	1.0%	0.9%	0.6%	0.7%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.7%
Medical Waiver	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.3%	0.3%	0.3%	0.3%	0.3%
Religious Waiver	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
Personal Convict. Waiver	0.6%	0.8%	0.7%	0.7%	0.8%	0.8%	0.9%	0.9%	1.0%	1.0%	1.2%	1.4%	1.7%

[1] Mumps requirement extended from K-5 to K-12

[2] Two doses of MMR vaccine added as a requirement for kindergartners, 6th and 12th graders.

[3] "In Process" mean the student received the first dose of required vaccines within 30 school days, the second dose within 90 school days, and the third dose (and fourth dose if required) within 30 school days the following school year

[4] "Behind Schedule" means the student missed the deadline for the first, second, or final doses of vaccine.

[5] Hepatitis B vaccine added as a requirement for kindergarten and 7th grade.

(rev 5/00)